

# QCR Review Score Sheet

## General Review Information

QCR Assigned Num:		Review Period: (Dates)		Office:	
Child's Name:	First:			Last:	
Lead Reviewer:	First:			Last:	
Shadow:	First:			Last:	
Supervisor:	First:			Last:	
Case Worker:	First:			Last:	

### Demographic and Service Information

<b>Age:</b> <input style="width: 50px;" type="text"/> <b>Child's Gender:</b> <input style="width: 50px;" type="text"/> <b>Case Open:</b> <input style="width: 50px;" type="text"/>	<b>Child's Ethnicity</b> <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Caucasian	<b>Current Target Child Services</b> <input style="width: 100px;" type="text"/> <b>SCF Placement Code</b> <input style="width: 100px;" type="text"/>	<b>Current Residence</b> <input style="width: 100px;" type="text"/> <input type="checkbox"/> Biological Family <input type="checkbox"/> Det./Corr. Ctr. <input type="checkbox"/> Adoptive Home <input type="checkbox"/> Res. Treatmt Ctr <input type="checkbox"/> Rel./Kin. Home <input type="checkbox"/> Hosp./Institution <input type="checkbox"/> Foster Home <input type="checkbox"/> IL Apartment <input type="checkbox"/> Group Home <input type="checkbox"/> Other
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### Identified Needs/Issues

For the child/family throughout the life of the case (Check all that apply)

<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Sex Abuse Victim	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Disability	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> Illegal Status
<input type="checkbox"/> Other: #Name?						

### Designated Permanency Goal for Child

(As identified on the Child and Family Plan)

### Designated Concurrent Goal for Child

(As identified on the Child and Family Plan)

### Child/Family Status

	Unaccept.			Accept.			NA
	1	2	3	4	5	6	
Child's Safety From Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child's Risk to Self and/or Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prospects for Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health / Physical Well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional / Behavioral Well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Learning or Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Family Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Connection to Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Connection to Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Connection to Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Connection to Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Child Status Rating <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							

### System Performance

	Unaccept.			Accept.			NA
	1	2	3	4	5	6	
Overall Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child (Engagement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father (Engagement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother (Engagement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Engagement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child (Assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father (Assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother (Assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver (Assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term View	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child and Family Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Intervention Adequacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child (Intervention Adequacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father (Intervention Adequacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother (Intervention Adequacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver (Intervention Adequacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking and Adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall System Performance Rating <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							

### QCR Service Result

<input type="checkbox"/> Outcome 1 +Child Status +System Perf.	<input type="checkbox"/> Outcome 2 -Child Status +System Perf.	<input type="checkbox"/> Outcome 3 +Child Status -System Perf.	<input type="checkbox"/> Outcome 4 -Child Status -System Perf.
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### Six Month Family Status Prognosis

Given changing circumstances, provisions planned or made, or system performance:

☐ Improve Status     
 ☐ Continue - status quo     
 ☐ Decline / Deteriorate

Side A

DELINQUENCY			
Did the child come into services due to delinquency instead of abuse and neglect?		<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Might this child qualify for DSPD (Division of Services for People with Disabilities) Services?		<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already Qualified
CFSR Questions		Notes	
A. Is the child placed with siblings who are in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/> NA <input style="width: 50px;" type="text"/>		
B. Is the intensity level of the placement . . .	<input type="checkbox"/> Too High <input type="checkbox"/> Too low <input type="checkbox"/> Appropriate <input style="width: 50px;" type="text"/>		
C. Is the child placed in proximity to parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input style="width: 50px;" type="text"/>		
D. If the child has important connections to the following, have they been maintained, if appropriate?			
School: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Sibling(s) not in State custody: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Key extended family members: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Faith / Culture / Ethnicity / Language / Tribe: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Friends / Neighborhood / Community: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
E1. If the child entered foster care in the past 12 months, were concerted efforts made to provide services to prevent removal? If No, explain.	<input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
E2. If the case is in-home, were concerted efforts made to provide services to keep the child safely in the home? If No, explain.	<input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
F. During the last six months, did the agency make concerted efforts to assess and address the risk and safety concerns to the target child?	<input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
G. If established within the past 12 months, was the primary/concurrent permanency goal established in a timely manner?	Primary Goal: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Concurrent Goal: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
H. Is the primary/concurrent goal appropriate to the child's needs?	Primary Goal: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Concurrent Goal: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
I. If the child has a goal of OPPLA (IP), will the child remain in the current placement until discharged from foster care?	<input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
J. If it is expected that the child will remain in foster care until age of majority/emancipation, is child being adequately prepared to make that transition to living as an adult?	<input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
K. During the past six months, was the caseworker's contact with the child of sufficient frequency AND quality to ensure adequate monitoring of child safety and well-being AND did visits focus on issues pertinent to case planning, service delivery, and goal attainment?	<input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		
L. During the past six months, was the caseworker's contact with the mother, father and caregiver of sufficient frequency AND quality to promote the attainment of case goals and ensure the child's safety and well-being?	Mother: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Father: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
M. Were the following members involved in the development of the current child and family plan?	Child: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Mother: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Father: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Additional Notes			
ICWA			
1. Has the child been identified as American Indian / Alaska Native?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 50px;" type="text"/>	
2. Is there reason to believe the child has American Indian /Alaska Native ancestry? [Ask child, parents, grandparents, etc. during interview if interviewed.]		<input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 50px;" type="text"/>	
3. Tribal affiliation (List all tribes):		<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
Side B			